

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/447,218	11/23/99	514	1614	4821-362

APPLICANT A.K. GUNNAR ABERG, WESTBOROUGH, MA; JOHN R. MCCULLOUGH, WORCESTER, MA;
EMIL R. SMITH, SHREWSBURY, MA.

CONTINUING DOMESTIC DATA***

VERIFIED THIS APPLN IS A DIV OF 09/039,260 03/16/98
WHICH IS A DIV OF 08/783,393 01/13/97 PAT 5,731,319
WHICH IS A DIV OF 08/366,651 12/30/94 PAT 5,595,997

371 (NAT'L STAGE) DATA***

VERIFIED

FOREIGN APPLICATIONS***

VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 01/03/00

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 0	TOTAL CLAIMS 7	INDEPENDENT CLAIMS 1
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS	PENNIE & EDMONDS LLP 1155 AVENUE OF THE AMERICAS NEW YORK NY 10036
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TITLE	METHODS AND COMPOSITIONS FOR TREATING ALLERGIC RHINITIS AND OTHER DISORDERS USING DESCARBOETHOXYLORATADINE
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FILING FEE RECEIVED \$760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Bib Data Sheet



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APPLICANTS

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**** CONTINUING DATA *******

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Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

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NEW YORK , NY 10036

TITLE

METHODS FOR TREATING URTICARIA USING DESCARBOETHOXYLORATADINE

FILING FEE RECEIVED 760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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